STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Mental Health Services

ACT Fidelity Assessment

for

West Central Behavioral Health

Conducted January 30th, 2017

Final Report issued April 3rd, 2017

Table of Contents

I. ACRONYMS

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
LU	Low Service Utilization
MH	Mental Health
NH	New Hampshire
NHH	New Hampshire Hospital
PSA	Peer Support Agency
PIP	Program Improvement Plan
QAI	Quality Assurance and Improvement
QSR	Quality Service Review
SAMHSA	Substance Abuse and Mental Health Services Administration
SE	Supportive Employment
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
VR	Vocational Rehabilitation

II. EXECUTIVE SUMMARY

The Bureau of Mental Health Services (BMHS) Fidelity Review Team (Team) was pleased with the openness and cooperation exhibited from all levels of staff at West Central Behavioral Health (WCBH) in terms of preparation, scheduling, coordination of the assessment activities, access to records, staff, and consumers for the fidelity review.

The outcome of this review for **West Central Behavioral Health'** is an overall agency score of **109** out of a possible 140 and **Fair Fidelity**.

Many areas of strengths were noted, and are listed in the Highlights section below. Several areas could be strengthened, as are listed in the Areas of Focus section below.

Highlights:

- During this assessment the Team learned that WCBH is ramping up ACT team services in the Lebanon area and hired an ACT team leader and allocated Adult Services Director time in this regard. The investment of additional resources aimed at increasing the delivery of regional ACT services is encouraging.

- H2 Team Approach – The ACT team leader appears invested in ensuring that ACT staff functions as a team, and insisting that all staff become familiar with and delivering service to all ACT clients.

- O2 Intake Rate – Is quite low (11 cases in 6 months = 1.83/Month) and could be increased substantially while maintaining a high fidelity rating.

- O3 Full Responsibility for treatment services, O5 responsibility for Hospital Admission, O6 Responsibility for Hospital Discharges, and O7 Time unlimited services - The ACT teams does a great job at delivering the core services, care coordination upon admission and discharge from inpatient psychiatric care, and serving consumers as long as they continue to need ACT level of care.

- S9 Dual Disorders Model – The ACT team members appear to have integrated evidenced based Dual Disorder treatment into the ACT clinical culture. Continuing to emphasize these concepts in order to develop staff interest and skills holds great promise for positive results.

Areas of Focus (item score):

- H5 Continuity of Staffing (3) – At the time of the review we learned that that WCBH reported having successfully hired all open Claremont ACT positions.

- H7 Psychiatrist (3), H9 Substance Abuse Specialist (2), H10 Vocational Specialists (2), and H11 Program size (3) – These items relate to staff allocation, specialist skills, and program size that may be addressed through strategies including staff training in Evidence-Based Supported Employment and Substance Use Disorders (SUD), and allocation of staff FTE resources to accurately match demand.

- O4 Responsibility for Crisis Services (2) – It may be helpful to have technical assistance focused on strategies to expand ACT service hours (currently Monday-Friday 8-5) and increasing ACT crisis coverage during evening and weekends.

- S4 Service intensity (3), S6 Work with informal support system (3), S8 Co-Occurring disorder treatment groups (3), and S10 Role of consumers on the team (2). With stabilized staffing, solid supervision, and vision for service expansion it seems that the foundation is in place at WCBH to make marked progress in all of these fidelity areas, with some additional attention and technical assistance.

III. BACKGROUND AND PURPOSE

This report describes Assertive Community Treatment (ACT) services at WCBH. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the SAMHSA toolkit and compliance with the Community Mental Health Agreement (CMHA).

IV. REVIEW SCOPE AND PROCESS (METHODOLOGY)

The ACT Fidelity Review Team (Team) conducted a fidelity review at WCBH Claremont office on January 30th 2017. During this visit we learned that WCBH is ramping-up ACT services in the Lebanon area. In the future, we would like to review both sites independently; this review focused on the current Claremont ACT Team.

The Team consisted of the following staff from the State of New Hampshire Department of Health and Human Services, Department for Behavioral Health, Bureau of Mental Health Services:

- Elizabeth Fenner –Lukaitis, Acute Care Program Planning and Review Specialist.

- Thomas Grinley, Director of the Office of Consumer and Family Affairs, and
- Karl Boisvert, Administrator of Community Mental Health Services;
- Stacey Goren, Consultant with Dartmouth Psychiatric Research Center was present throughout the day for training purposes.

The Team met with Kathryn McDonnell, WCBH Director of Quality Assurance who coordinated the visit, welcomed us to the agency, and setup the team members with access and orientation to the Electronic Medical Record. Kathryn provided the ACT related documents and data reports that were requested prior to the visit and used during the review including: staff and client rosters, staff turnover, position FTE allocations, consumer admit dates, residential status, co-occurring disorder status, and community support information. The fidelity review schedule consisted of:

1. Observation of an ACT team meeting (1 hour).
2. Interview with ACT Team Leader (1.5 hour).
3. Individual meetings with ACT direct service staff of different disciplines including: Nurses, Substance Abuse Specialist, Peer Support Specialist, Case Managers/Functional Support providers. (30-60 minutes).
4. Meeting with CSP and QA Director (30 minutes).
5. ACT consumer interviews in office (60 minutes).
6. Observation of ACT staff and consumer during home visit and community with (1 hour).
7. Orientation to the electronic medical record (15 minutes).
8. Record review - 10 randomly selected records.
9. Exit interviews (about 30 minutes).

At the conclusion of the day's scheduled events, the Team members scored the ACT Fidelity Scale independently, and then met together to develop consensus scoring. The scale is divided into three sections containing related individual scale items for scoring:

- Section **H** - **H**uman Resources: Structure and Composition (11 items).
- Section **O** - **O**rganizational Boundaries (7 Items).
- Section **S** - Nature of **S**ervices (10 items).

Each item is rated on a 5-point response format ranging from 1= no implementation to 5= full implementation with intermediate numbers representing progressively greater degrees of implementation. With 28 items the maximum possible score is 140 points. The guidelines further provide that scores:

- 84 or less are "Not ACT"
- 85-112 are "Fair Fidelity" and
- 113-140 are "Good Fidelity"

Agencies with Good Fidelity according to the fidelity scale criteria have shown to have better outcomes than those that do not. Following is the Team's finding for WCBH Assertive Community Treatment fidelity.

V. AGENCY OVERVIEW

West Central Behavioral Health (WCBH), Community Support Program offers consumers who meet state funded service eligibility criteria a wide range of services including: Individual Therapy, Group Therapy, Psychiatry and Nursing Services, Functional Support Services, Case Management, Housing, Evidenced Based Practices (Supported Employment, Illness Management and Recovery and Dialectical Behavioral Therapy), Peer Support Specialists, Transportation Services, Psychiatric Emergency assessment as well as Assertive Community Treatment services.

VI. REVIEW FINDINGS AND RECOMMENDATIONS / REQUIREMENTS

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1	**Score = 5 out of 5**
Based on the ACT Fidelity Team's review of documentation and interviews with team leaders: • 33 active ACT consumers and 6.6 FTE non-psychiatric direct service staff results in a very low consumer to provider ratio of 5:1.	
The Team recommends: • At the current staffing level the ACT caseload could be doubled and still result in a fidelity rating of 5.	

H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers.	**Score = 5 out of 5**
Based primarily on the ACT Fidelity Team's review of the 10 randomly selected records we found that the percentage of ACT consumers seen by more than one ACT Staff person over a	

2 week period was:

- 9 of 10 records or 90%.

H3 Program meeting: Meets often to plan and review services for each consumer.	**Score = 4 out of 5**

Based on the ACT Fidelity Team's observation of the ACT team meeting and ACT team leader interview, we found that psychiatrist was in attendance at least once per week and the number of meetings where all full time staff attend and consumers were reviewed were:

- At least 2 times per week, however not all cases are reviewed each time; psychiatric cases are prioritized when the MD is present and the remaining cases are reviewed at the second meeting.

The Team recommends:

- While not required the ACT team might benefit from technical assistance around structuring efficient and good fidelity ACT team meetings.

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services.	**Score = 4 out of 5**

Based on the ACT Fidelity Team's interview with ACT team leader and our review of records we found that the ACT team leader provides direct service:

- Between 25% and 50% of the time.

The Team recommends:

- ACT Team leader should increase direct service to about 50% time.

H5 Continuity of staffing: Keeps same staffing over time.	**Score = 3 out of 5**

Based on the ACT Fidelity Team's and ACT team leader interview and review of documentation related to staff turnover details for the period reviewed was:

• Between 40-59% - (8 Staff Turnover for 17 positions = 47.6%).
The Team recommends: • Consider Technical Assistance and seeking administrative support focusing on development of strategies for ACT staff recruitment, development, and retention.

H6 Staff capacity: Operates at full staffing.	**Score = 4 out of 5**
Based on the ACT Fidelity Team's review of documentation and ACT team leader interview, we found that the staff capacity over the past 12 months was: • Between 80-94% - (100% - (22 months of vacancies * 100)/ (18*12) = 89.81%)**.**	

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program.	**Score = 3 out of 5**
Based on the ACT Fidelity Team's review of staff roster and budgetary allocation documentation and ACT team leader interview: • Psychiatric FTE = 0.2 for 33 ACT consumers = 0.61 FTE per 100	
The Team recommends: Increase the psychiatric provider allocation to ACT. High capacity for rapid psychiatric assessment and intervention is a key strategy to help ACT consumers address crises and stabilize in the community, without institutionalization.	

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program	**Score = 4 out of 5**
Based on the ACT Fidelity Team's review of staff roster with budgetary allocation documentation, ACT team leader and ACT team nurse interviews:	

- Nursing FTE = 0.6 for 33 ACT consumers = 1.82 FTE per 100

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment.	**Score = 2 out of 5**

Based on the ACT Fidelity Team's review of staff roster with budgetary allocation documentation, and ACT team leader and Substance Abuse specialists interviews:

- SUD FTE = 0.2 for 33 ACT consumers = 0.61 FTE per 100
- SUD is a LADAC with 13 years of experience in SUD treatment.

The Team recommends:

- Increase SA specialist allocation to ACT. As the majority of ACT consumers typically have co-occurring substance use disorders, and these disorders contribute to difficulties maintaining recovery in the community, capacity for substance abuse treatment is a key service within the ACT team.

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support.	**Score = 2 out of 5**

Based on the ACT Fidelity Team's review of staff roster with budgetary allocation documentation, observation of ACT team meetings, and ACT team leader s interview:

- Vocational specialist FTE = 0.25 for 33 ACT consumers = 0.76 FTE per 100
- Vocational specialist is EBSE trained with over a year of experience.

The Team recommends:

- Increase Vocational Specialist staff allocation to ACT.

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	**Score = 3 out of 5**
Based on the ACT Fidelity Team's review of staff roster with budgetary allocation documentation and ACT team leader interview: • FTE = 6.75	
The Team recommends: • Develop a written plan/formula for increasing the team size as caseload grows.	

Organizational Boundaries

O1 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	**Score = 5 out of 5**
Based on the ACT Fidelity Team's review of documentation and ACT team leaders, clinical staff and consumer interviews, we found that the WCBH ACT team recruited ACT consumers from a defined population and all cases comply with explicit admission criteria.	

O2 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	**Score = 5 out of 5**
Based on the ACT Fidelity Team's review of documentation, ACT team leader and clinical staff interviews, we found that for the ACT team enrolled 11 consumers in the most recent 6 month period, and so the highest monthly intake rate is less than 6 consumers per month. • 11 ACT consumers in 6 months = 1.83 consumers enrolled per month.	
The Team recommends:	

- It is understood that while ACT teams are new and starting up that this fidelity item may score low. Given the current low staff to consumer ratio, then assertively increasing the average monthly ACT consumer enrollment to at least 6 per month would support ACT fidelity generally and still maintain a 5 score on this measure.

O3 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of documentation and ACT team leader interview, team observations, and consumer shadowing, the WCBH ACT team provides:

- All 5 services to consumers at least 90% of the time.

O4 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	**Score = 2 out of 5**

Based on the ACT Fidelity Team's review of documentation and ACT team leaders interview, ACT team observation and consumer meetings and interviews:

- ACT staff do not provide 24/7/365 crisis support to ACT consumers.
- ACT consumers know to call Emergency Services after clinic hours and weekends.
- ES staff may call ACT for consultation in evenings and weekends - mostly the ACT team leader but other staff if on duty.
- There is an ES clinician with a 2 hour (0.05 FTE) staff allocation to ACT. This covers attendance at ACT meetings.
- ACT consumers report: "Would like to be able to access team after hours and weekends, they know me better…., would like to be able to talk with ACT team in a crisis."

The Team recommends:

- Seek technical assistance to consider strategies to increase availability of ACT staff to respond to consumer crisis situations, e.g., routine consultation with emergency services, extended coverage hours, direct access ACT phone for consumers, rotating ACT crisis coverage, and so forth. Crisis service coverage is another important strategy that helps ACT consumers maintain stability in the community - when the

crisis clinician knows the consumer well, they may be in a better position to assist the consumer with managing the crisis safely in the community.

O5 Responsibility for hospital admissions: Is involved in hospital admissions.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of documentation, electronic medical record, and ACT team leader and ACT staff interviews, ACT team observations and consumer meetings and interviews, we determined that:

- **ACT** team is involved in at least 95% of admissions to inpatient psychiatric units for ACT consumers.

O6 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of documentation, electronic medical record, and ACT team leader interviews, ACT staff interviews, ACT team observations and consumer meetings and interviews, we determined that:

- **ACT** team is involved in at least 95% of discharges from inpatient psychiatric units for ACT consumers.

O7 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of documentation, electronic medical record, and ACT team leaders interview, ACT Staff interviews, ACT team observation and consumer meetings and interviews, the review team found:

- ACT team graduated 2 consumers in the past 12 months and anticipates 1 consumer to graduate in the next year.
- **ACT** team serves all consumers on a time-unlimited basis, with fewer than 5% expected to graduate annually.

Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of documentation, primarily 10 client records per site, as well as ACT team leader and staff interviews, ACT team observation and consumer meetings and interviews:

- **Median % of community based services = > 80% - calculated at 94.43%**
  - Mean = 82.4%
  - Range = 0% to 100%
  - Mode = 100%

S2 No dropout policy: Retains high percentage of consumers.	**Score = 4 out of 5**

Based on the ACT Fidelity Team's review of documentation, electronic medical records, and ACT team leader and staff interviews, ACT team observation and consumer meetings and interviews documentation from the time-unlimited services and graduation rate items (O7), we found that the ACT consumer percentage retention rates over 12 months:

- Between 80-94% - calculated at 90.91% (3 out of 33).

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	**Score = 5 out of 5**

Based on the ACT Fidelity Team's review of electronic medical records, ACT team leader and staff interviews, ACT team observation, the review team determined that WCHB ACT demonstrated consistently well thought out strategies for assertive consumer engagement whenever appropriate.

S4 Intensity of service: High total amount of service time, as needed.	**Score = 3 out of 5**

Based on the ACT Fidelity Team's review of 10 electronic medical records, we calculated the average duration of weekly face to face service per consumer for a month and determined the median value:

- Median duration of contact per consumer per week is between 50 and 84 minutes – calculated at 80 minutes per consumer.

The Team recommends:

- Technical Assistance focusing on development of additional strategies for increasing needed service intensity for ACT consumers. Consider training in areas complimenting or related to SUD, Vocational services and Supported employment, expanded availability and crisis services.

S5 Frequency **of contact:** High number of service contacts, as needed.	**Score = 4 out of 5**

Based primarily on the ACT Fidelity Team's review of 10 electronic medical records, we calculated the average count of weekly face to face services per consumer for a month and determined the median value:

- 3-4 face to face contacts per week –
- Median = 3.25 contacts per consumer per week.
  - Mean = 3.23
  - Range = 0-7
  - Mode = 3.5

S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, and employers.	**Score = 3 out of 5**

Based primarily on the ACT Fidelity Team's interview with the ACT leader as well as review of documentation from WCBH, electronic medical records, staff and consumer interviews, we found the **ACT Team** had:

- AVERAGE = 1.3 contacts with natural support per month per consumer.

○ 17 clients identified with natural supports each had 2.5 natural support contacts per month = (2.5*17)/33 = 1.3
The Team recommends: Increase contacts with consumer natural supports. Consider documentation and tracking strategies for this as it may be that more contacts are being done than are tracked.

S7 Individualized substance abuse treatment: 1 or more team members provide direct treatment and substance abuse treatment for consumers with substance-use disorders.	**Score = 4 out of 5**
Based on the ACT Fidelity Team's review of documentation from WCBH and electronic medical records, and ACT leader and clinical/substance abuse specialist interviews, we found the average duration of formal substance abuse delivered to per identified consumer (8 consumers in formal in substance use treatment out of about 30 identified with substance use disorder): • Less than 24 minutes – calculated at 16 minutes per week per consumer.	

S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.	**Score = 3 out of 5**
Based on the ACT Fidelity Team's review of electronic medical records and ACT leader and clinical/substance abuse specialist interviews we found that the WCBH ACT TEAM had: • Between 20-34% of ACT consumers with substance use disorders in a treatment group – calculated at 26.67% ○ 8 group attendees of the 30 consumers identified with SUD	
The Team recommends: • Technical assistance focused on increasing capacity and training on the team for SUD engagement and persuasion skills.	

S9 Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	**Score = 5 out of 5**
Based on the ACT Fidelity Team's review of electronic medical records, team observations, and ACT leader and clinician/substance abuse specialist interviews: • Treatment is fully based in dual diagnosis principles and a range of stage-wise interventions provided by ACT staff.	

S10 Role of consumers on team: Consumers involved as team members providing direct services.	**Score = 2 out of 5**
Based on the ACT Fidelity Team's interviews with ACT leaders, staffs and consumers as well as review of documentation, electronic medical records, and team observations: • Peer Support Specialists (PSS) are involved in providing limited service. • PSS work part-time in non-case management roles with reduced responsibilities. • Consumers noted that PSS is mostly providing "Craft" group but that greater involvement in treatment would likely be beneficial.	
The Team recommends: • Continue to work on increasing the involvement of the PSS in being a fully integrated team member. • Support the PSS in staff development and perhaps though participation in a PSS training or support network meetings e.g., BMHS & Office of Family and Consumer Affairs offers a monthly Peer Specialist Support Group.	

VII. CONCLUSIONS AND NEXT STEPS

Several important areas of focus will be followed by BMHS going forward. We recommend that **WCBH** develop and submit an action plan that addresses the specific goals and measurable objectives that can be implemented toward better fidelity overall, prioritizing the fidelity items where ratings are 3 or below (see table 1.). We look forward to your response within two weeks of receipt of this final report.

TABLE 1.

WCBH ACT Fidelity Review	
H1 - Small Caseload	5
H2 - Team Approach	5
H3 - Program Meeting	4
H4 - Practicing ACT Leader	4
H5 - Staff Continuity	3
H6 - Staff Capacity	4
H7 - Psychiatry	3
H8 - Nursing	4
H9 - Substance Abuse	2
H10 - Vocational (SE)	2
H11 - Program Size	3
O1 - Admission Criteria	5
O2 - Intake Rate	5
O3 - Service Responsibility	5
O4 - Crisis Responsibility	2
O5 - Hospital Admits	5
O6 - Hospital Discharges	5
O7 - Time Unlimited Svcs	5
S1 - Community-Based Svcs	5
S2 - No Dropout Policy	4
S3 - Assertive Engagement	5
S4 - Intensity of Svcs	3
S5 - Frequent Contact	4
S6 - Work with Support Sys	3
S7 - Ind Substance Tx	4
S8 - Co-Occurring Group	3
S9 - Dual Disorder Model	5
S10 - Consumer on Team	2
TOTAL	109
MEAN	3.9

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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

August 4, 2017

Ms Kathryn McDonnell, Quality Assurance
West Central Behavioral Health
52 Pleasant Street
Lebanon, NH 03766

Re: ACT Fidelity Review

Dear Ms. McDonnell:

I am writing to acknowledged receipt of the document you previously submitted titled "ACT Fidelity Grid" and sent by e-mail 04/9/2017 written in response to the ACT Fidelity Review report from the BMHS dated 4/3/17.

It is not clear from my records that I communicated to you that the plan was reviewed and accepted by BMHS as the basis for any going for technical assistance and follow-up action that we will be collaborating with you on going forward. My apologies for the delayed correspondence or if this is a duplicated message – please let me know if you have any questions or concerns.

Sincerely:

Karl Boisvert, Administrator
Bureau of Mental Health Services

Cc: File; Julianne Carbin; Mary Brunette: David Lynde; Christine Powers; Diana Lacey.

Domain	Score	BBH recommendation	WCBH Plan
Continuity of staffing - keeps same staffing over time	3	Consider Technical Assistance and seeking administrative support focusing on the development of strategies for ACT staff recruitment, development, and retention	WCBH has a meeting scheduled for May 1 with David Lynde (EBP consultant) where the Adult Services Director, Quality Improvement Director, and ACT Team Leader will explore opportunities that "Technical Assistance" may offer that will enhance WCBH ability to recruit and retain ACT staff.
Psychiatrist on the team - at least 1 full-time psychiatrist for 100 consumers works with the program	3	Increase the psychiatric provider allocation to ACT. High capacity for rapid psychiatric assessment and intervention is a key strategy to help ACT consumers address crises and stabilize in the community, without institutionalization	The Adult Services Director will meet with the ACT team and gather feedback about the current amount of psychiatry time, and whether there is a sense that additional psychiatry time is needed/could be utilized. Previous assessments of the ACT psychiatry allocation have indicated the staffing level matches the clinical need of the program.
Substance Abuse Specialist on the team - A100 consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	2	Increase SA specialist allocation to ACT. AS the majority of ACT consumers typically have co-occurring substance use disorders, and these disorders contribute to difficulties maintaining recovery in the community, capacity for substance abuse treatment is a key service within the ACT team.	The Adult Services Director will meet with the ACT team and gather feedback about the current amount of SA time, and whether there is a sense that additional SA time is needed/could be utilized.

Vocational Specialist on the team - at least 2 team members with 1 year of training/experience in vocational rehabilitation and support	2	Increase vocational specialist staff allocation to ACT	The Adult Services Director will meet with the ACT team and gather feedback about the current amount of vocational time available to the program, and whether there is a sense that additional vocational time is needed/could be utilized. Previous assessments of level of vocational allocation to the ACT program have indicated that additional vocational time would not be utilized.
Program Size - Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	3	Develop a written plan/formula for increasing the team size as caseload grows	WCBH is continuously reassessing staffing ratios and will consider increase in staffing levels based on caseloads and clinical demand. There is no current waitlist for ACT services.
Responsibility for crisis services - Has 24 hour responsibility for covering psychiatric crises	2	Seek technical assistance to consider strategies to increase availability of ACT staff to respond to consumer crisis situations. E.g. routine consultation with ES, extended coverage hours, direct access ACT phone for consumers, rotating ACT crisis coverage, etc.	WCBH has reassessed the way in which Emergency services are provided to ACT clients. In an effort to not duplicate services and pay for two - 24 hour on call teams - Emergency Services will continue to provide off-hour coverage. ACT staff will continue to be available to Emergency Services staff for consult as needed during off hours. This issue will be reviewed during the May 1 meeting with David Lynde.
Intensity of Services - High total amount of service time, as needed	3	Technical assistance focusing on development of additional strategies for increasing needed service intensity for ACT consumers. Consider training areas complimenting or related to SUD, Vocational services and Supported employment, expanded availability and crises services	WCBH will seek technical assistance and has arranged for a consult with David Lynde on May 1, 2017. Currently, services are provided based on clinical need and availability of the client.

Work with Informal Support System - with or without the consumer present, provides support and skills for consumers support network: family, landlords, employers	3	Increase contacts with consumers natural supports. Consider documentation and tracking strategies for this as it may be that more contacts are being done than tracked.	WCBH will consult with David Lynde on this topic during the May 1, 2017 meeting. Simple documentation strategies/tracking systems for capturing contacts with natural supports will be explored. Adult Services Director will meet with the ACT team and explore this topic - educate staff of the importance of contacts with natural supports, and developing an understanding of how these contacts are currently being documented and tracked.
Co-Occurring Disorder Treatment Groups - Uses group modalities as treatment strategy for consumers with substance use disorders	3	Technical assistance focused on increasing the capacity and training on the team for SUD engagement and persuasion skills	WCBH will consult with David Lynde on this topic during the May 1, 2017 meeting and seek "Technical Assistance" on this topic.
Role of Consumers on Team - Consumers involved as team members providing direct service	2	Continue to work on increasing the involvement of the PSS in being fully integrated team-member. Support the PSS in staff development through participation in PSS training of support network meetings - (BMHS and Office of Family and Consumer Affairs offers a monthly PSS Support Group).	ACT Team Leader will be attending the Certified Peer Support training in Concord. The role of the consumer on the ACT Team and stratgies to enhance the PSS role will be explored with David on May 1, 2017.